

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Every Voice Action		FEC IDENTIFICATION NUMBER ▼ C C00566208	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Associated Press		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 450 W 33rd St		Amount 6300.00	
City New York	State NY	Zip Code 10001-2603	Transaction ID : VN7BA9VA9R8
Purpose of Expenditure Photos for Advertising	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Mitch McConnell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: KY	
Calendar Year-To-Date Per Election for Office Sought 110833.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Every Voice		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 1133 19th St NW FI 9		Amount 400.00	
City Washington	State DC	Zip Code 20036-3612	Transaction ID : VN7BA9VBF82
Purpose of Expenditure Social Media Advertisement Costs	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014	
Name of Federal Candidate Mitch McConnell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: KY	
Calendar Year-To-Date Per Election for Office Sought 110833.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6700.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David Donnelly

[Electronically Filed]

Date

MM / DD / YYYY
09 / 10 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee New Partners Consulting		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 1250 I St NW Ste 200		Amount 35000.00	
City Washington	State DC	Zip Code 20005-5994	Transaction ID : VN7BA9VA4Z1
Purpose of Expenditure Web Design	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 18 / 2014	
Name of Federal Candidate Mitch McConnell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> State: KY	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee New Partners Consulting		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 1250 I St NW Ste 200		Amount 30000.00	
City Washington	State DC	Zip Code 20005-5994	Transaction ID : VN7BA9VAA27
Purpose of Expenditure Digital Consulting	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 18 / 2014	
Name of Federal Candidate Mitch McConnell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> State: KY	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	65000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee New Partners Consulting		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 1250 I St NW Ste 200		Amount 39133.00	
City Washington	State DC	Zip Code 20005-5994	Transaction ID : VN7BA9V97N2
Purpose of Expenditure Advertising	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Mitch McConnell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	39133.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	110833.00

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